

GREENBELT ACTIVITY REGISTRATION FORM

(PLEASE PRINT)

Adult Participant/Parent/Guardian _____

Address _____

☐ Please check here if this is a new address.

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

E-mail _____ Receipts are sent via e-mail whenever possible.

Emergency Contact _____ Emergency Phone _____

Do you need any special accommodations for any of the individuals listed below? YES ☐ NO ☐If yes, please complete a Special Assistance Request Form provided by the Recreation Department or download it from www.greenbeltmd.gov/recreation/special_assistance.htm.

Participant's Name	Male/ Female	Date of Birth	Activity Registration #	Activity Name	Activity Fee
			136506-1	Countdown Camp	R- \$133 NR- \$166
				Before Care - \$18	
				After Care - \$22	
Please make checks payable to: City of Greenbelt				TOTAL	

☐ Please charge my (please circle): VISA ☐ MC ☐ AM EX ☐ DIS ☐

Expiration Date: _____ Credit Card Number: _____

Signature: _____ Date: _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN.**INSURANCE:** I hereby inform the City of Greenbelt and the Greenbelt Recreation Department that I will assume any and all medical insurance coverage for the above named participant(s), and that said coverage shall be adequate to cover any and all possible accidents or injuries to the above named participant(s) received during any phase of this program.**RELEASE:** I hereby release and agree to hold harmless the City of Greenbelt and the Greenbelt Recreation Department, its employees, volunteers, coaches and other participants from any act of commission or omission which may result in any personal injury or property damage arising out of the above named participant's participation in this program. I further agree to save harmless the City of Greenbelt and the Greenbelt Recreation Department, its employees, volunteers, coaches and other participants from all losses, costs and expenses (including attorney's fees and court costs), settlement payment (whether or not reduced final judgment) and all liabilities, damages and fines paid, incurred, or suffered by the City of Greenbelt and the Greenbelt Recreation Department by reason of, or arising out of injuries to persons (including death) or property damage caused by or attributed to the above named participant's participation in this program.**PHOTO RELEASE:** Unless otherwise indicated in writing by participant or parent/guardian at the time of registration, photographs of participants may be taken while participating in the programs and activities for use in City of Greenbelt publications, social media, or other advertising venues. No personal information other than the participant's first name will be released under any circumstances.**RULES OF CONDUCT:** I agree that I and/or the minors for whom I am responsible will abide by the Recreation Department's Rules of Conduct as outlined on page 29 of this brochure.

X

Adult Participant or Guardian's Signature

Date

X

Additional Adult Participant's Signature

Date

If more than one adult in the same household is signing up for an activity, both must sign the waiver.

Day Camp Registration Form

This form must be completed in full for each participant to be registered.

1. PARTICIPANT INFORMATION

Participant Name: _____

Age: _____ DOB: _____ ☐ Male ☐ Female T-shirt Size _____

Parent/Guardian's Full Name: _____ Email Address: _____

Street Address: _____ City/State/Zip _____

Mother/Guardian Name: _____ (H) _____ (W) _____ (cell) _____

Father/Guardian Name: _____ (H) _____ (W) _____ (cell) _____

Emergency Contact Name: _____ (H) _____ (W) _____ (cell) _____

Emergency Contact Name: _____ (H) _____ (W) _____ (cell) _____

Maryland School attended this year: _____

Please Note: A participant who does not attend a Maryland public or private school, Kindergarten through 12th grade must attach an age appropriate immunization record to this form (i.e., home schoolers, out of state schools). Is this participant exempt from immunization for religious or medical reasons? ☐ Yes ☐ No If yes, the Maryland Department of Health and Mental Hygiene Immunization Certificate must be completed and attached to this form. Program Staff can provide you with this form.

2. HEALTH INFORMATION

Primary Care/Clinic Name _____ Phone Number _____

Date of last tetanus or DPT shot (required by state law) Month/Year: _____

Participant has Allergies? ☐ Yes ☐ No

If yes, specify, including medication: _____

Camper currently takes medication (excluding allergy medication)? ☐ Yes ☐ No

If yes, name the medicine, dosage, time(s) given, and doctor's name. _____

Participant requires special health care? If yes, Please explain. (i.e. inhaler, epi-pen, etc.) _____

Please check all that apply to this participant:

☐ Diabetes ☐ Deaf or hard of hearing

☐ Asthma ☐ Legally blind

☐ Uses mobility aide (i.e. wheelchair, braces, etc.)

☐ Autism

☐ Asperger's

☐ Mental Retardation

☐ Other Developmental Disability: _____

☐ Attention Deficit Hyperactivity Disorder (ADHD)

☐ Attention Deficit Disorder (ADD)

☐ Behavioral/emotional disorder

☐ Request special accommodation- Please elaborate. _____

☐ Other health concerns- Please elaborate. _____

Participant has seizures? ☐ Yes ☐ No

Medication for seizures? If yes, name the medicine and usual treatment.

Medication: _____

Date of last seizure: _____

Treatment: _____

Limits on participant's physical activities? ☐ Yes ☐ No
If yes, specify. _____

Please attach any additional information if needed.

A **Medication Authorization Form** is required in advance for any medication (including non-prescription) distributed at the program. A **Medication Authorization Form for Epi Pens, Inhalers and Insulin Pumps** is required in advance for any medical device/procedure used at the program.



Continue on the back

3. PARTICIPANT RELEASE AUTHORIZATION (OTHER THAN PARENT OR GUARDIAN ON PREVIOUS PAGE)

The Greenbelt Recreation Department Day Camp is authorized to release my Child,

Participant's Name:

to the following individuals who may pick up my child from the Day Camp. I understand that each authorized person must be at least sixteen (16) years old, and my child will not be permitted to leave the camp with anyone not listed at the right. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following people*:

Name

Phone Number

Relationship

1.

2.

3.

4.

Departure Procedure:

Please notify your child's camp when one of the above people will be picking up your child.

If you wish for your child to sign himself/herself out, please give written permission to the camp office.

4. LATE PICK UP POLICY

A late fee will be assessed for participants who are not picked up by the program's scheduled closing time. The Greenbelt Recreation Department's Policy is \$1 per minute in 5 minute increments.

We understand that emergencies do arise and request that parents call the camp's office if they are delayed. However, late charges may still be assessed. Payment is due by 4:30pm the next business day. **Thank you for your cooperation in ensuring your participant is picked up from the program on time.**

5. ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (school buses, Greenbelt Recreation Department vans, and coach buses) and agree to release the City of Greenbelt and the Greenbelt Recreation Department its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the summer day camp program.

I hereby represent and warrant that if the participant is a minor, I am his/her parent or guardian and am authorized to provide the releases, authorizations, and permissions as stated below.

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants for use in Recreation Department's publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances.

By way of copy of this form, I authorize the staff of The City of Greenbelt and the Greenbelt Recreation Department to obtain medical/hospital treatment for the above participant in the event of an emergency.

X

SIGNATURE OF PARENT/GUARDIAN

Print name of parent/guardian

Date

X

SIGNATURE OF PARENT/GUARDIAN

Print name of parent/guardian

Date

**Participant Profile for Teachers,
Managers, and Staff**

Greenbelt Recreation Department
25 Crescent Road
Greenbelt, MD 20770



Date: _____

Child's Name: _____

Child's Nickname: _____

Age: _____ Birthdate: _____

Parent/Guardian: _____

Child's likes and dislikes _____

My child enjoys these physical activities _____

My child has difficulty with these activities _____

Things that my child may need help with _____

Fears and concerns of the participant _____

Current medications _____

Any change in daily medication over the last six months _____

Specific behavioral concerns _____

Triggers of the specific behavioral concerns _____

What behavioral techniques have been successful that can be maintained during programs?

Are any special accommodations needed to give your child a positive learning experience during the program?

Is there any other additional information that would help to ensure that your child is successful during the program?

If there is any confidential information you don't want to include on this form but feel it is important to share with us, please contact Karen Haseley; Therapeutic Recreation Supervisor at 301-397-2208 ext. 2054.

Greenbelt Recreation Department

Maintaining a Safe, Fun, and Enriching Environment